

RECEIVED  
SONY PRO SE OFFICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2022 AUG -5 AM 9:37

Benjiman Holmes

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Health First Medicaid And  
Medicare

**COMPLAINT**

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. BASIS FOR JURISDICTION**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

**A. If you checked Federal Question**

Which of your federal constitutional or federal statutory rights have been violated?

My constitutional rights have been violated  
and my disability rights was violation to

**B. If you checked Diversity of Citizenship****1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, Benjamin Holmes, is a citizen of the State of  
 (Plaintiff's name)

New York State  
 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Health First, is a citizen of the State of  
(Defendant's name)

New York

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Health First, is incorporated under the laws of  
the State of New York

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Benjamin</u>	<u></u>	<u>Hulmes</u>
First Name	Middle Initial	Last Name
<u>600 East 179<sup>th</sup> Apt <del>1</del> 218</u>		
Street Address		
<u>Bronx, NY</u>	<u>NY</u>	<u>10457</u>
County, City	State	Zip Code
<u>347-830-5529</u>	<u>Benmack646@gmail.com</u>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Health First  
First Name Last Name

Current Job Title (or other identifying information)

P.O. Box 5165  
Current Work Address (or other address where defendant may be served)  
New York N.Y. 10274  
County, City State Zip Code

Defendant 2:

Medicare  
First Name Last Name

Current Job Title (or other identifying information)

~~3000~~ P.O. Box 3000  
Current Work Address (or other address where defendant may be served)  
New York N.Y. 10116  
County, City State Zip Code

Defendant 3:

medicaid  
First Name Last Name

Current Job Title (or other identifying information)

P.O. Box 859 Albany  
Current Work Address (or other address where defendant may be served)  
Albany N.Y. 12291  
County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**

Place(s) of occurrence:

Date(s) of occurrence:

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Health First is a very terrible insurance because they was to pay me my reimbursement for my bed I paid out of pocket they never pay me back my money it 2200 I need my money this bin cents 2016 I ben with them for 15 years. this Company they treat their customers very badly they talked on the Phon- they have no respect for customers. they dont have Vendor in south Carlina so I went to a Sears Department store in Savannah Georgia to get this bed the DR. authorized the bed. which I am seeking interest on this moneys from 2016 to 2022 This was authorized by DR Joel Posner, MD - In 2021 01 December DR ADAPA SRINIVASA

authorized a scooter back 2021 and  
I not get the scooter this 2022 I want  
I know want I am going to get the scooter.  
I have heart valve lower back proble  
sugar diabetes. This why they call me a  
cardiac patient the government says I can  
get thes things I have proof in black and  
white. I am sending copies of the proof  
Thank you.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking for the scooter and my 2.700<sup>00</sup>  
dollars for a bed this is what the government  
promise me I am asking for interest on my money.



**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-5-2022  
Dated

Benjamin  
First Name

Herms  
Last Name

600 East 179th Street Apt 210  
Street Address

Bronx, NY  
County, City

NY  
State

10452  
Zip Code

347-830-5529  
Telephone Number

Benmark 646@gmail.com  
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

CARD TYPE: SEARS ACCOUNT  
ACCT #: W737570  
AUTH CODE: 003403/E  
1/03/16 SEARS ACCOUNT TOTAL 483.18  
AC: 6011-0117-4793-3800 0619

SEARS MBR SAVINGS  
THIS TRIP  
COUPON SAVINGS \$62.50

Current Po Balance 46.85  
Base Points earned: 4,558  
Bonus Points earned: 351,334  
Points Expire 11/30/2016  
Pts exp dates vary. See Com/FAQ

THE FOLLOWING ITEM(S) MAY BE SUBJECT  
TO A CANCELLATION/RESTOCKING FEE

IF RETURNED:

82 93831 KELLOWAYON  
82 97865 ADJ BAS

I AGREE TO THE  
MY CARDHOLDER

CALL FOR INFORMATION

DELIVERY (800)732-7777  
PARTS (800)469-4663  
INSTALLATION (800)469-4663  
SERVICE (800)469-4663

\*\*\*\*\*

WE VALUE YOUR FEEDBACK!

\*\*\*\*\*

Let us know we did by  
taking a quick survey at  
[www.SearsFeedback.com](http://www.SearsFeedback.com)

You could win \$500 in Shop Your Way  
Points. Sweepstakes ends at end of  
current month. Void where prohibited.

Official Rules at  
[s.syw.net/rules/memberpulse](http://s.syw.net/rules/memberpulse)

\*\*\*\*\*

Opiniones y comentarios!

\*\*\*\*\*

Diseno de tiendas al tomorrow  
en

[www.searsfeedback.com](http://www.searsfeedback.com). Usted podra  
ganar \$500 en Puntos Shop Your Way.

El sorteo termina al final del mes en  
curso. Nulo donde este prohibido. Vea  
las reglas oficiales en

<http://s.syw.net/rules/memberpulse>

\*\*\*\*\*

## RETURN POLICY

MOST ITEMS HAVE A RETURN PERIOD OF 30

ALL RETURNS REQUIRE A RECEIPT AND MAY BE  
LOOKED UP IN STORE. RESTRICTIONS APPLY.  
SEE SEARS.COM. SIGNS POSTED AT REGISTER  
OR CALL 1-800-4-A-SEARS FOR DETAILS.

GROUP: PLEASE PRESENT



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coupon  
sears®  
cards,  
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8161  
CENTRAL MAIL 01305  
7810 ABERCORN ST  
SAVANNAH, GA 31406-0000  
912-353-1155



SALES CHECK # 013050820395

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CUSTOMER:  
ADDRESS:  
123 OLD SALEM RD  
CITY/STATE: B. ROTON, SC  
ZIP CODE: 29902  
PHONE:  
847-313-0258 847-313-4258

PURCHASER: BENJAMIN HOLMES  
ADDRESS: PO BOX 1437  
CITY STATE: SAVANNAH, GA  
ZIP CODE: 31406  
PHONE: 912-353-1155

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11/03/16 01:00 PM  
TRANSACTION REG# ASSOC#  
0386 254005 082 208  
PURCH ASSOC # 208  
MERCHANDISE ORDERED  
CENTRAL DELIVERY  
82 93881 624.90T  
ORDERED  
SET UP SYDNEY 1000  
42 97865 799.00T  
ORDERED

sears®  
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sears®

sears®

SET UP & PUT IN PLACE  
MULT CREDIT 10% 62.50T-  
HOME  
syw bonus pts earned: 122534  
Show Your Way  
syw bonus pts earned: 1920  
SEARS ALL  
syw bonus pts earned: 10000

sears®

NON-REFUNDABLE DELIVERY FEE .00  
SUBTOTAL 1361.49  
SC STATE TAX 81.57  
ACCT #: C78347  
AUTH CODE: 0652804  
ID: 4000000047010  
APPL PREF NAME: MasterCard  
OWN: VERIFIED SIG  
11/03/16 SEARS MSTRCD TOTAL 960.00

sears®

## SEARS MATTRESS, FOUNDATION, BED FRAME & HEAD/FOOTBOARD RETURN POLICY

### Seals and Foundations

Policy for mattresses and foundations gives you the chance to adjust to your new mattress set for 30 nights before requesting a return or exchange. If you are not satisfied, you have between the 31st day and 90 days after the delivery date to request a **one-time comfort return or one-time exchange for a different mattress and foundation of equal or greater value. Where applicable, a pickup fee will be charged for our delivery team to pick up the mattress and foundation from its location and a 15% usage and processing fee\* will apply.**

**Seals foundations/beds are not returnable.** Please refer to your manufacturer's return policy for details. Returns or exchanges are subject to the following terms and conditions: Mattress and foundation must be undamaged, unsoiled and free of stains or infestations. Customer is responsible for paying any increase in price for the new mattress and foundation.

Refunds for the original purchase will not be refunded. All law tags must be retained.

For Tempur-Pedic, Serta iComfort, Serta iSeries, Sealy Optimum, Sealy BeautyRest hybrid mattresses offer longer 120 day comfort guarantees on all products. See an associate for details.

Call 1-800-479-5899 to process the return or exchange request.

**Refunds are processed AS IS with all faults.** The entire risk as to their quality and value is with the buyer. Display mattresses are not covered by any warranty and are eligible for refund, price adjustment, exchange or comfort guarantee. All sales are final. Should the mattress prove defective following purchase, the customer must not the manufacturer, distributor, or retailer assumes the entire cost of all shipping or repair.

### Seals and Head/Footboards

Seals and head/footboards may be returned for a refund or exchange within 60 days of delivery date with an original receipt if the product is undamaged and you have the original accessories.

Refunds for the original purchase will not be refunded. A pickup fee will be charged for our delivery team to pick up the bed frame or head/footboard from its location.

### Reporting Requirement

Examine your purchases upon delivery. Customers must report any visible damage including stains, tears, smudges, snags, handprints, marks or other damage to the mattress, foundation, bedframe or head/foot board **within 72 hours of home delivery.** Items are eligible for a refund or exchange based upon such visible damage. Items with visible damage are not reported within this timeframe, you cannot return or exchange because of the visible damage. To report damages and required claim number, call 1-800-479-5899 between 7:30 a.m. and 8:00 p.m. Monday - Saturday, and 9:00 a.m. to 6:00 p.m. CST on Sunday.

### at Stores

at stores have a different return policy. Items purchased at Sears Outlet stores are returned to the Sears Outlet stores. See [www.searsoutlet.com](http://www.searsoutlet.com)

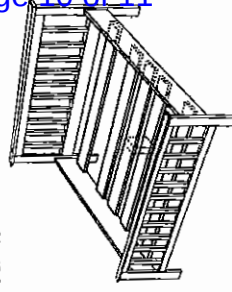
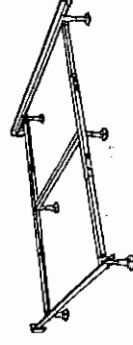
Processing fees are not applicable in Hawaii or where prohibited by law.

## THANK YOU FOR YOUR PURCHASE!

Below is some important information about your new purchase. Please read it carefully so you fully understand how to care for and protect your bed.

- **EXPECT AN ADJUSTMENT PERIOD.** Your body has been used to your old mattress and it takes time to adjust to the new mattress. It can take days or weeks for your body to adjust to a new mattress. **Give your body time to get adjusted to the new feel.**
- **SLIGHT ODOR IS TYPICAL.** All materials are new and have traces of manufacturing odors. Both the mattress and boxspring are sealed in plastic bags which can cause a temporary odor. Removing all linens and letting the bed air out will help, as will air conditioning. **Most odors dissipate within a week.**
- **SLIGHT BODY IMPRESSIONS ARE NORMAL.** You can expect your mattress to develop slight indentations called "body impressions" as soon as you start sleeping on it. These slight indentations are normal, and are the result of the quilt and upholstery layers settling and conforming to your individual body. As these layers compress, the mattress will actually improve in performance. While slight body impressions are normal, they are usually not greater than 3/4 inches in depth for memory foam, and 1 1/2 inches in depth for traditional inner spring, and are therefore **not a reason to exchange your mattress.** Although most mattresses now only have one sleep surface, your mattress may benefit in comfort and durability if it is rotated regularly (clockwise).
- **VISIBLE RIDGE DOWN THE MIDDLE IS NORMAL.** When two people share a bed, they usually each sleep on one side, therefore settling the layers of comfort on each side. Often times, there is a visible ridge down the middle of a king, or queen bed where the comfort layers have not been compressed. This is normal and is **not considered a defect.** To minimize the middle ridge and body impressions, sleep on all surface areas of the bed, including the middle and rotate your mattress and box springs regularly.
- **SUPPLY PROPER SUPPORT FOR YOUR MATTRESS AND BED SET.** Proper support means corresponding box springs, proper bed frame and supportive bed furniture. Lack of proper support can cause structural damage to your bed set, which may invalidate your warranty and affect your ability to return and exchange the mattress. Careful consideration must be taken when purchasing a mattress only. Today's mattresses are made to work in conjunction with their corresponding box spring as a set. This enhances the durability and comfort life of your bed.
  - o Do not use old box springs. Using your old box springs is not recommended as it is difficult to "see" the structural breakdown which can lead to damage to the mattress. Please discuss your box spring options with your salesperson as to ensure proper support for the mattress, as **improper support may void your warranty or comfort exchange.**
  - o Do not place a board between your mattress and box spring.
  - o Utilize a proper bed frame or bed furniture with proper support. For king and queen sets, a rigid center support that extends to the floor with at least 5 legs or furniture with a rigid center support and at least 5 cross slats is necessary. (See illustration below for clarification).

Examples of proper bed frames for Queen and King size:



- **PROTECT YOUR MATTRESS.** Utilize a high quality mattress topper on your mattress to protect your new investment against accidental stains. **Spills and stains on your new mattress may affect your ability to return and exchange the mattress.** See warranty for additional information.
- All take-with mattress department merchandise (e.g. Pillows and Protect-A-Bed) is subject to the terms of Sears return policy.

For more information on your warranty, refer to the warranty card that came with your purchase. Advantage of a deferred interest promotional offer on your Sears card, you will see this transaction on your credit card billing statements. If it is not listed, please call 1-800-479-5899.



ire about

base and mattress retainer has Slide mattress in correct position. The base will be assembled (unpacked) install

866 9093.  
1800 996 3737

# THE NEW YORK TIMES